

## SENDER: COMPLETE THIS SECTION

Case 2:05-cv-00982-ID-DRB Document 1 Filed 10/20/2005

Page 1 of 1

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Sylvester Nettles  
 Captain  
 c/o Bullock County Correctional Fac  
 P. O. Box 5107  
 Union Springs, AL 36089

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
S. Johnson 10/10/03		
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

## 3. Service Type

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                              |
| <input type="checkbox"/> Registered                | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                                    |

## 4. Restricted Delivery? (Extra Fee)

- Yes

## 2. Article Number

(Transfer from service label)

7005 1160 0001 3017 0125

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

OSCU 982-UNP